



**NATIONAL INSURANCE SCHEME
P.O. BOX 305, ADMINISTRATIVE CENTRE**

Tel: (784) 456-1514
Fax: (784) 456-2604

**NATIONAL INSURANCE ACT #33 OF 1986
CLAIM FOR SURVIVORS BENEFIT**

Warning: Any person who knowingly makes a false statement or false representation for the purpose of obtaining benefit commits a criminal offence punishable by a fine or imprisonment or both.

To be completed by Applicant

PART A PERSONAL INFORMATION

Name (in block capitals).....

Surname *Other Names*
D M Y

Date of birth: [][][][][][]

NIS No. [][][][][][][][][][]

Kindly attach birth certificate as proof of age

Address: Tel. #:

..... Sex: Male [] Female []

Marital Status: Married [] Single [] Widow/Widower [] Divorced []

Relationship to deceased

(if widow or widower attach marriage certificate)

Common-law Relationship

Were you wholly or partially dependent on the deceased person? Yes [] No []

Were you and the deceased person living together at the time of death? Yes [] No []

If the answer is yes, please state how long you were living together. Years [] Months []

If common law wife/husband attach a sworn declaration from a Justice of the Peace, Lawyer or Notary Public).

Particulars of Deceased

Full name of deceased

Surname *Other Names*

